Indiana State Department of Health

LTC Newsletter

LTC & ICF/MR HOMES

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Indiana Participates in "DAVE" Pilot

The state of Indiana joined Georgia as participants in a pilot for a soon to be implemented nation-wide program termed "DAVE" (an acronym for Data Assessment and Verification). DAVE's primary objective is to improve the accuracy of assessment data submitted by long term care facilities and home health agencies.

The Centers for Medicare and Medicaid Services has recruited the Computer Sciences Corporation ("CSC") as its primary contractor for the project, but the DAVE team is comprised of a diverse team of professionals recognized throughout the industry for their experience in interpreting and improving assessment data.

At the outset of the pilot program, the DAVE team analyzed national assessment data and Medicare claims data to identify provider patterns and trends. This analysis, in addition to random selection of providers, resulted in the selection of several providers in each of the two states for further review, including onsite visits.

The DAVE process is to request that selected providers submit copies of medical records for a period associated with a SNF stay. This in-depth record review will result in onsite reviews for roughly 40 percent of providers. On-site reviews will generally be conducted by two DAVE clinicians over about three days, with advance notice of the onsite visit given to providers. The reviewers will randomly select about 10 residents for on-site review.

While onsite, the DAVE clinicians' review will focus on two areas. First, a DAVE clinician will evaluate a resident who has been assessed by the facility within 14 days of the review team's visit. The second area of review will be to determine if assessments submitted by the facility are supported by documentation in the medical record. Providers will receive information resulting from the onsite reviews at an exit conference at the end of the visit, to help identify weaknesses and learn how to improve assessment practices. A written report will follow after results have been finalized. DAVE staff are also developing provider feedback reports designed to convey the results of reviews nationwide.

The pilot program reviews will enable project designers to evaluate and refine the DAVE data analyses and clinical review protocols before the program is implemented nationwide for long term care facilities in Fall 2002, and before initiating the review of home health OASIS assessments at a later date.

The DAVE project includes a comprehensive plan to integrate into the project's activities several key stakeholders, such as state agencies and fiscal intermediaries. Part of the communication sharing between these stakeholders will take the form of an online exchange of information via the use of electronic Knowledge Management ("eKM"), a secure, web-based technology developed by CSC.

Individuals interested in learning more about the DAVE project and the pilot program in which Indiana is participating may contact Suzanne Hornstein, Director, Division of Long Term Care, at 317/233-7442 or by e-mail, at shornste@isdh.state.in.us. •

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Quality Initiative to Go Live in October

October 2002 is the anticipated date for the Centers for Medicare and Medicaid Services' ("CMS") 'Nursing Home Quality Initiative' project to go "live" here in Indiana.

Six states (Colorado, Maryland, Ohio, Rhode Island, Florida and Washington) participated in a pilot project to study the use of Quality Measures ("QMs") as a source of information for long term care consumers choosing a nursing facility. The purpose of the pilot is to provide meaningful comparative information to consumers to aid them in selecting a nursing home, and to provide Medicare and Medicaid certified nursing facilities with information and technical assistance in measuring and improving the care they provide.

CMS selected nine (9) QMs for review (6 for chronic care residents and 3 for post-acute care residents). The QMs selected for chronic care residents were: (1) Late loss of ADL decline; (2) Prevalence of infections during the 7-day period before assessment; (3) Unplanned weight loss prevalence (5% in last 30 days or 10% in last 180 days); (4) Inadequate pain management during the 7-day period before assessment; (5) Developing and healing pressure ulcers prevalence; and (6) Use of daily restraints during the 7-day period before assessment. The QMs selected for post-acute care residents were: (1) Prevalence of symptoms of delirium; (2) Inadequate pain management during the 7-day period prior to assessment; and (3) Improvement in walking from the first to the second assessment.

Like Quality Indicators, the QMs are based on data collected in MDS assessments. The QMs aggregate individual MDS data into facility-wide measures.

Quality Improvement Organizations ("QIOs"), formerly known as Peer Review Organizations, will assist nursing facilities in identifying areas for improvement, and will provide them materials with guidelines for proper care, methods for improving care, staff training information, model policies and protocols, and tools for assessing care. QIOs will also facilitate inter-facility communication to foster shared learning of best practices.

The QMs gathered from the six-state pilot project was published on the Nursing Home Compare website at www.medicare.gov on April 24, 2002. QMs from Indiana are expected to be displayed on the Nursing Home Compare website in October 2002. For more information about the 'Nursing Home Quality Initiative' program, please contact Sue Hornstein, Director, Long Term Care, at 317/233-7442, or online at shornste@isdh.state.in.us. •

TOP TEN DEFICIENCIES JANUARY - JUNE 2002

Tag	Description	# of Cites
F324	Quality of Care	149
F514	Administration	125
F157	Notification of Rights and Services	99
F281	Resident Assessment	97
F309	Quality of Care	92
F465	Physical Environment	91
F225	Staff Treatment of Residents	75
F314	Quality of Care	73
F371	Dietary Services	73
F323	Quality of Care	66

MEDICAID'S 1000-PERSON DIVERSION PROGRAM

The Family and Social Services Administration ("FSSA") has set a goal to divert approximately 1,000 individuals from nursing facility placement, at the rate of 77 to 80 per month, by June 30, 2003.

The target population for the diversion will be elderly or disabled Medicaid recipients who would be directly admitted from an acute care hospital, and elderly or disabled Medicaid recipients who would be admitted from the community under the Pre-Admission Screening 'emergency placement' authority.

The implementation of this plan will fall largely upon hospital discharge planners and the Area Agencies on Aging ("AAAs"). Hospital discharge planners will identify individuals potentially eligible for a diversion slot, and will notify the AAA case managers for appropriate screening and placement referral.

For more information regarding the plan, please contact the Family and Social Services Administration at 317/232-4454 •

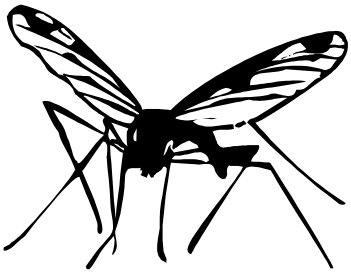
Did you know?

The following nursing homes closed between January and June 2002:

- Community Care Center of Seymour
- Community Skilled Care, Charlestown
- ManorCare Health Services, Indianapolis
- McCann Manor, Center Point
- Kennedy Living Center, Martinsville
- New Caste Community Care Center
- St Joseph's Transitional Care Unit, Kokomo

West Nile Virus in Indiana

West Niles Virus was first identified in Indiana in late summer 2001. Since then, numerous birds and one horse across Indiana from the following counties have tested positive for the virus: Allen, Bartholomew, Clark, Fayette, Floyd, Lake, LaPorte, Lawrence, Marion, Monroe, Porter, St. Joseph and Vanderburgh. In the same year the virus was identified in Illinois, Iowa, Kentucky, Missouri and Wisconsin.



West Nile Virus first appeared in the United States in the New York metropolitan area in the fall of 1999. Over the past two years, the virus, which can be transmitted to humans by the bite of an infected mosquito, has quickly spread through most of the states east of the Mississippi River, as well as Texas, Oklahoma, Iowa, Missouri, Arkansas, North Dakota, Nebraska, and Louisiana.

Several different viruses and bacteria can cause encephalitis (an inflammation of the brain) in humans and other animals. West Nile encephalitis is a mosquito-borne infection of the brain caused by West Nile Virus, a close relative of St. Louis Encephalitis virus. West Nile Virus is commonly found in Africa, West and Central Asia, and the Middle East. It is not known how the virus was introduced to the United States.

People get West Nile encephalitis from the bite of mosquitoes (primarily the Culex species) infected with West Nile Virus. Mosquitoes become infected from biting birds that carry the virus. Infected mosquitoes then transmit West Nile Virus to humans or to other birds and animals when they bite. West Nile Virus is amplified during periods of adult mosquito blood-feeding by continuous transmission between mosquito vectors and bird reservoir hosts. A sufficient number of mosquitoes must feed on an infected bird to ensure that some survive the period during which the blood meal is digested to feed again on another susceptible bird. West Nile Virus is not spread by person-to-person contact or directly from birds to people. People, horses, and most other mammals are not known to develop infectious levels of the virus, and thus are not able to propagate the reservoir-host infection cycle.

Even in areas where West Nile Virus is actively transmitted, very few mosquitoes are infected, usually less than one in 500. The chance that one mosquito bite will be from an infected mosquito is very small. Illnesses related to mosquito bites are rare, so there is no need to request testing because of a mosquito bite. Viruses are most likely to be spread during the warm weather months when mosquitoes are most active, usually from late Spring until the first hard frost. Most human cases occur in late Summer and early Fall. To date, there have been no known human cases of West Nile Virus in the Midwest, although it is most likely a matter of time before humans are found with severe illness.

This year (as of July 17), the Indiana State Department of Health has identified dead birds and mosquito pools positive for West Nile Virus in the following counties: Allen, Bartholomew, Fayette, LaPorte, Marion, Monroe, Porter, and St. Joseph. Local health departments have been asked to inform residents in their areas to check properties for container-breeding mosquitoes and to take appropriate precautions to avoid mosquitoes that bite.

In humans, symptoms generally occur three to 15 days following the bite of an infected mosquito. Mild cases of West Nile encephalitis may cause a slight fever, rash, swollen lymph nodes, conjunctivitis (irritation of the eye), or headache. More severe infections are marked by rapid onset of a high fever with head and body aches, stiff neck, muscle weakness, disorientation, tremors, convulsions and, in the most severe cases, coma or paralysis. In some individuals West Nile Virus can cause permanent neurological damage or death. Persons at highest risk for serious illness are those 50 years old or older. The case fatality rate ranges from 3 percent to 15 percent. A 1999 survey of residents in the most affected area of New York City showed that about 3 percent of residents had been infected with West Nile Virus, but either had no illness or only a mild illness.

You should see a doctor immediately if you develop symptoms such as the following: high fever, confusion, muscle weakness, or severe headaches. Patients with mild symptoms are likely to recover completely and do not require any specific medication or laboratory testing. No vaccine exists for West Nile Virus encephalitis, and there is no specific therapy.

For more information on West Nile Virus, you may contact Mike Sinsko, PhD, Senior Medical Entomologist, at 317/233-7397. •

Farewell To Diane Zaleski, Long Term Care Survey Manager

It is with deep regret that the Division of Long Term Care announces that Diane Zaleski, Survey Manager for the Division, has resigned to accept a position with the Centers for Medicare and Medicaid Services in Chicago.

Diane served the Division for 17 years, first as a field surveyor, then as Area 1 Supervisor, and, since March 1998, as Survey Manager.

Diane will be missed!

NEED MDS HELP?

Call 317/233-4719 for Clinical Assistance

Call 317/233-7206 for Technical Assistance

Call 317/816-4122 for Medicaid Specific Issues

TIPS FOR COMPLETING CMS FORM 671 (STAFFING) & 672 (CENSUS)

The information on the nursing homes characteristics (CMS Form 671) and resident characteristics (CMS Form 672) are prepared by each nursing home at the beginning of the regular State inspection. Data should be reported by the facility only for the residents (regardless of payment source) of the Medicare and/or Medicaid certified portion of the facility. Do **NOT** include staffing or census data for non-certified portions of the facility. The forms are reviewed by nursing home inspectors, but not formally audited to ensure data accuracy. The State survey agency is then responsible for entering survey information into the OSCAR database, and to provide updates as needed.

1. Form 671 (Long-Term Care Facility application for Medicare and Medicaid) – Facility Staffing

This form requires you to identify whether certain services are provided and to specify the number of hours worked providing those services. Listed below are some points to consider when you are completing the form. Refer to Figure 1.

- Column A requires you to enter "YES" or "NO" about whether the services are provided onsite to residents, onsite to non-residents, and offsite to residents. Enter Y or N under each sub-column. For areas that are blocked out (see F33 below), do not provide the information.
- Columns B-D - Calculations on the staff hours worked are based on the most recent complete pay period. If the pay period is more than 2 weeks, use the last 14 days.
- Hours are reported **rounded to the nearest whole hour**. For example, in the category of Certified Nurse Aides (F43) if the total number of hours worked is 975.25 you would round off to 975. Any numbers should be right-aligned in the appropriate column.

Figure 1

		A			B					C					D				
	Tag #	Services Provided			Full-Time Staff (hours)					Part-Time Staff (hours)					Contract (hours)				
Administration	F33				0	0	1	2	0										
Certified Nurse Aides	F43	Y	N	N	0	0	9	7	5	0	0	3	8	7					

1. Form 672 (Resident Census and Conditions of Residents)

This form is to be completed by the facility and represents the current condition of residents at the time of completion. Listed below are some points to consider when you are completing the form.

- Census data on the 672 form cannot be greater than the number of certified beds for the facility. For example, your facility is licensed for 177 comprehensive beds. However, only 150 beds are certified. When filling out the 672 form, you should only include data for the 150 beds. Refer to Figure 2 for breakdown of beds in a typical facility.

Figure 2

TOTAL FACILITY BEDS	177		
TOTAL CERTIFIED BEDS	150		
LTC Bed Breakdown	18 SNF (Medicare)	18/19 SNF/NF (Medicare/Medicaid)	NCC – Non-Certified Comprehensive
	25	125	27

Refer to Figure 3 for the following:

- Medicare (F75) Total number of residents in certified beds whose primary payer is Medicare
- Medicaid (F76) Total number of residents in certified beds whose primary payer is Medicaid.
- Other (F77) total number of residents in **CERTIFIED** beds whose primary payer is neither Medicare nor Medicaid.
- Total Residents (F78) The sum of F75, F76, and F77. **Remember this number cannot be greater than the number of total certified beds.**

- When listing residents under the ADL's, a resident is counted only once for each category (Independent, Assist of One or Two Staff, Dependent) and when added together (horizontally) should total to the same number as Total Residents (F78).

Figure 3

Provider No	Medicare F75	Medicaid F76	OTHER F77	TOTAL RESIDENTS F78
155XXX	**20**	**100**	**11** These residents are neither Medicare nor Medicaid but are in a Medicare or Medicaid certified bed.)	**131**
ADL	Independent	Assist of One or Two Staff	Dependent	
Bathing	F79 **70**	F80 **45**	F81 **16**	(Total of F79-F81 should equal 131 as in F78)

Areas where the number of residents cannot be greater than the previous field:

- F105 cannot be greater than F104
- F107 cannot be greater than F106
- F113 cannot be greater than F112
- F116 cannot be greater than F115
- F134-F137 cannot be greater F133

For more information on completing this and other CMS forms, please contact the Division of Long Term Care at 317/233-7442. •

OWNERSHIP INFORMATION AND THE HCFA-671 AND HCFA-1513

The information on the Long Term Care Facility Application for Medicare and Medicaid (CMS Form 671) and Disclosure of Ownership and Control Interest Statement (CMS Form 1513) are prepared by each nursing home at the beginning of the regular State inspection.

Figure 1– CMS Form 671

Owned or leased by Multi-Facility Organization: F13 Yes No

Name of Multi-Facility Organization: F14

On the CMS Form 671, Long Term Care Facility Application for Medicare and Medicaid, (F13) is to be marked "Yes" only if the facility is ***owned*** or ***leased*** by a Multi-Facility Organization. A Multi-Facility Organization is an organization that ***owns*** two or more long term care facilities (e.g., a parent company that owns the entity that is the direct owner and licensee of the facility). The owner may be an individual or a corporation. Leasing of facilities by corporate chains is included in this definition. **DO NOT** check (F13) "Yes" if the facility is managed by a *Management Company*. A Management Company is defined as any organization that operates and manages a business on behalf of the owner of that business, with the owner retaining ultimate legal responsibility for operation of the facility.

(F14) is only to be completed when (F13) is marked "Yes," when a facility is ***owned*** or ***leased*** by a Multi-Facility Organization. **DO NOT** include in (F14) the name of a Management Company if utilized.

On the CMS Form 1513, Section V, the question is asked, "Is this facility operated by a management company, or leased in whole or part by another organization?" If the facility does employ a Management Company, mark "Yes," and list the name and Employer Identification Number (EIN) of the Management Company in the "Remarks" section at the end of the CMS Form 1513. Section VII is to completed when the facility is owned or leased by a Multi-Facility Organization, as defined above.

For more information on completing this and other CMS forms, please contact the Division of Long Term Care at 317/233-7442. •

Beds in Reserve

For some time, the Division of Long Term Care has allowed facilities to place beds into "Reserve Status," that is, to take beds out of service either to afford more space in resident rooms, or to utilize resident rooms for other purposes (e.g., storage, office space, therapy rooms). The Division requests that facilities provide a written request to place beds into Reserve Status, or to place beds back into service. At present, this practice continues.

Records of beds in Reserve Status are now maintained by the Division electronically. In an effort to ensure that the Division has accurate records of facility beds in Reserve Status, if your facility has licensed and/or certified beds that are not set up for resident use, please submit to the Division a letter listing the room numbers, number of beds, and type of beds (e.g., Title 19 NF, Title 18 SNF/19 NF) that are in Reserve Status. The Division will respond with an acknowledgment letter.

For more information on beds in Reserve, please contact Stephen Upchurch, Program Director-Provider Services, at 317/233-7440. •

Division of Long Term Care
Section 4B
Indiana State Department of Health
2 N Meridian St
Indianapolis, IN 46204-3006

REQUIRED NOTICES

When there is a Change of Ownership…

"A person must obtain a license from the director [Division of Long Term Care] ***before*** the person may operate a health facility."

- IC 16-28-2

"A license issued under this chapter is not assignable or transferable and may be issued ***only*** for the person and premises named in the application."

- IC 16-28-2-5

"Any person, in order to lawfully operate a health facility as defined in IC 16-18-2-167, ***shall first obtain*** an authorization to occupy the facility or a license from the director. The applicant shall notify the director, in writing, ***before*** the applicant begins to operate a facility that is being purchased or leased from another licensee."

- 410 IAC 16.2-3.1-2(a)

Failure to provide the required notice could result in the following:

- **Referral to the Attorney General as an unlicensed facility… (Maximum fine $25,000 per day)**
- **Denial of Medicare and/or Medicaid claims reimbursement…**

Before Facility Closure…

" … the notice of transfer or discharge [of residents]… must be made by the facility at least thirty (30) days before the resident is transferred or discharged."

- 410 IAC 16.2-3.1-12(a)(7)

Failure to provide the required notice could result in the following:

- **Citations which must be addressed prior to the owner opening another facility…**
- **State fine for breach of rule…**

Special Awards Given To Long-Time Health Facilities Council Members

At the July 17, 2002, meeting of the Indiana Health Facilities Council, Greg Wilson, M.D., State Health Commissioner, surprised two long-time members of the Indiana Health Facilities Council with special awards. He presented 'Commissioner's Awards' to Sister Mary Gilbert Schipp and James A. Murphy.

In 1985, the Governor appointed Sister Mary Gilbert, to represent the 'non-proprietary administrators' on the Council. She has served continuously for the past 17 years. In presenting her award, Dr. Wilson noted her commitment and dedication to the Council. In particular, he cited her service on the subcommittee given the responsibility of rewriting the comprehensive rules for long-term care facilities in the early 1990s. After many long years, these rules became effective in April of 1997.

Mr. Murphy represents mental health professionals. He was appointed to the Council in 1982. He became Chairperson of the Council in 1988 and continues in that role at this time. He has served on the Council for 20 years.

Dr. Wilson and various Council members complimented the two for the dedication they have shown in actively participating for so many years.

The Indiana Health Facilities Council comprises 14 members, 11 of which are appointed by the Governor. The remaining 3 members are representatives of state agencies having direct relationships with the long-term care field.

The members of the Council represent the following disciplines: Licensed administrators from proprietary facilities (2); Licensed administrator from a non-proprietary facility; Registered Pharmacist; Licensed Physician; Registered nurse; Citi-

zens having knowledge or experience in the field of gerontology (2); Representative of a statewide senior citizens' organization; Mental Health professional; Nurse educator of a Licensed Practical Nurse program; State Health Commissioner or his designee; Director of the Division of Family and Children or designee; Designee of the Division of Disability, Aging and Rehabilitative Services.

The primary role of the Council at this time is to adopt and recommend rules, encourage program development, and act as an advisory body to the Division of Long Term Care. In order for a health facility to become eligible to receive federal certification and reimbursement, the facility must first be licensed by the state under the rules recommended by the Indiana Health Facilities Council.

Liz Carroll, Assistant Commissioner for Health Care Regulatory Services, attends as the official designee for Dr. Wilson, the State Health Commissioner. Sue Hornstein, Director of the Long-Term Care Division acts as the Secretary of the Council.

The Council meets six times per year at the Indiana State Department of Health. These meetings are open to the public. Anyone wishing more information regarding the Council may contact the Assistant to Ms. Carroll and the Council, Teresa Watson at 317/233-7621. Notices of the meetings can be found on the Internet at http://www.isdh.state.in.us/. •

Issues of the Long Term Care Newsletter are available online at http://www.in.gov/isdh/regsvcs/providers.htm#

Residential Rules Revision Update

A public hearing was held July 22, 2002 to allow for public comment on the proposed revision to the Residential Care Rules, 410 IAC16.2-5.

A number of individuals attended the hearing and commented on the proposed revision. As a result, certain changes may be made to the proposed rule. There will be a subcommittee meeting August 14, 2002 to review the comments. •

CHANGES REGARDING COMPLAINTS

Effective July 22, 2002, the Division of Long Term Care Complaint Policy was changed to omit Priority Level 4 complaints, which required investigation within 180 days. The current Complaint Policy prioritizes complaints as follows:

Priority 1: Immediate Jeopardy - Investigate within 48 hours of receipt;

Priority 2A: Actual Harm which is more than minimal harm and not Immediate Jeopardy - Investigate within 10 business days of receipt;

Priority 2: Minor/Transient Effect which is not Immediate Jeopardy - Investigate within 30 calendar days of receipt; and

Priority 3: No Actual Harm with the potential for more than minimal harm that is not Immediate Jeopardy - Investigate within 90 calendar days of receipt. •

STAFF CHANGES AT CMS REGION OFFICE V CHICAGO

The Centers for Medicare and Medicaid Services ("CMS") Region Office V Indiana Team has seen a new face come and a familiar face go in the past few months.

Ellen Greif, RN, MPH, joined the Region V team for Indiana in February, serving as the Principal Program Representative for Indiana Long Term Care with the CMS Division of Survey and Certification. Ellen comes to the position with 27 years as a nurse with experience in acute care, home health, ambulatory care, long term care, nursing education, military healthcare, and quality improvement.. Join us as we welcome Ellen in her new endeavor!

CMS Region V has also seen the departure of Barbara Markovich, who served in different capacities in the Region V Office since 1993. Barbara retired June 28, 2002. We wish Barbara a long and happy retirement! •

FOOD RULES INCORPORATED

The Food Rules have been incorporated into the Indiana Health Facilities Rules at 410 IAC 16.2-3.1-21. The Indiana Health Facilities Rules may be accessed via the Internet at the following web site: http://www.in.gov/isdh/regsvcs/ltc/lawrules/index.htm •

Did you know...

...that the Division of Long Term Care has begun encouraging complainants to contact local law enforcement if they feel that a crime has been committed?

When submitting faxes regarding incidents and unusual occurrences to the Division of Long Term Care, please include on your fax your facility's name, address, telephone and facsimile numbers.

Recalled Sprinkler Heads

Central Sprinkler Co., an affiliate of Tyco Fire Products LP of Lansdale, Pennsylvania, has agreed to replace 35 million of their fire sprinklers. Gem Sprinkler Co. and Star Sprinkler Inc. agreed to replace about 167,000 of their sprinklers. There will be no charge to consumers for the replacement.

The sprinkler heads in questions have the words "CENTRAL" or "STAR," the letters "CSC," the letter "G" in a triangle, or a star-shaped symbol stamped on either the metal sprinkler frame or on the deflector.

According to the Consumer Product Safety Commission press release, laboratory tests found that most of the sprinkler heads would function during fires, but that "certain tested heads required higher water pressure to activate than may be available in particular buildings." The replacements will be phased in according to priority determined by the age of the sprinklers, their condition, and the population affected. Nursing homes and hospitals, for example, will be given priority. Please note that Central Sprinkler Co. is not notifying hospitals and nursing homes of the recall.

Providers will have until the end of this year to identify and replace recalled sprinkler heads. Providers that have not made good efforts to replace recalled sprinkler heads will be cited on their next annual survey (beginning in January 2003) under tag K062 for failure to maintain the sprinkler system.

Consumers may call 1-800-871-3492 for more information on how to identify sprinklers covered in the replacement program. Information is also available via the Internet at www.sprinklerreplacement.com. •

Immunization Information: Flu and Pneumoccoccal

Advisory Committee on Immunization Practices for Flu and Pneumoccoccal can be downloaded from the following sites:

Prevention and Control of Influenza
Recommendations of the Advisory Committee on Immunization Practices (ACIP)
No RR03;1 04/12/2002

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5103a1.htm

Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR 46(RR-08);1-24
Publication date: 4/04/1997

http://www.phppo.cdc.gov/cdcrecommends/showarticle.asp?a_artid=M0047135&TopNum=50&CallPg=Adv

Resident Assessment Instrument (RAI) Questions & Answers

(RAI) Questions & Answers can be accessed via the internet:

http://www.hcfa.gov/medicaid/mds20/res_man.htm

This page contains the following information:

MDS 2.0 Q&A Addendum, May 2002
Clarifications for Section P4 (Devices and Restraints), September 13, 2001
MDS 2.0 Q&A Addendum 2, July 2001
MDS 2.0 Q&A Addendum, March 2001
MDS 2.0 Q&A Guide, August 1996
Q&A's Arising from the February, 1998 Satellite Broadcast
Q&A's Posted between August 1996 and March 2001
Older Frequently asked Q&A's
Privacy Act Statement, Q&A's, and MDS Applicability
Executive Summary of an Evaluation of the RAI (1997)

Automated Registry Line Temporarily Down

The automated telephone line for the Nurse Aide Registry is temporarily out of service. If you wish to verify nurse aides for employment or other purposes, you may call the Registry at 317-233-7639. You may also FAX your requests to 317-233-7750, or use the on-line services of the Access Indiana website. We are sorry about any inconvenience or delay this may cause. •

CNA REGISTRY UPDATING

Our northern Indiana readers are by now probably getting used to the area code changes (219, 574, 260) that became mandatory June 14, 2002.

You've more than likely updated your letterhead and business cards, but did you remember to update the area codes in your computer software for CNA Registry update?

If you update your CNA's using a CD ROM, please ensure that the area code information is correct in your software. •

LTC News is published by the
Indiana State Department of Health

Indiana State Department of Health

Division of Long Term Care
2 N. Meridian Street
Indianapolis, IN 46204

Web Sites and URL Addresses

Indiana State Department of Health Web Page

http://www.in.gov/isdh/

Health Care Regulatory Services Commission Web Page

http://www.in.gov/isdh/regsvcs/providers.htm

Long Term Care Web Pages

Page Title	URL
1. Certified Nurse Aide Registry	http://www.in.gov/isdh/regsvcs/ltc/cna.htm
2. Consumer Guide to Nursing Homes	http://www.in.gov/isdh/regsvcs/ltc/profile/index.htm
3. CNA's with Verified Findings	http://www.in.gov/isdh/regsvcs/ltc/badcna/index.htm
4. Health Care Financing Administration	http://www.in.gov/isdh/regsvcs/ltc/hcfalink/index.htm
5. How to Read a Survey	http://www.in.gov/isdh/regsvcs/ltc/readsurvey/index.htm
6. ICF/MR Facility Directory	http://www.in.gov/isdh/regsvcs/ltc/icfmrdir/index.htm
7. Laws, Rules, and Regulations	http://www.in.gov/isdh/regsvcs/ltc/lawrules/index.htm
8. Long Term Care Facilities Director	http://www.in.gov/isdh/regsvcs/ltc/directory/index.htm
9. LTC Newsletters	http://www.in.gov/isdh/regsvcs/acc/newsletter/index.htm
10. MDS Bulletins	http://www.in.gov/isdh/regsvcs/ltc/mds/index.htm
11. Non-Cert. Comprehensive Care Facility Dir.	http://www.in.gov/isdh/regsvcs/ltc/nccdir/index.htm
12. Nurse Aide Training Guide	http://www.in.gov/isdh/regsvcs/ltc/naguide/index.htm
13. Nurse Aide Training Sites	http://www.in.gov/isdh/regsvcs/ltc/natdir/index.htm
14. Nursing Home Compare (CMS)	http://www.medicare.gov/nhcompare/home.asp
15. Questions About Healthcare	http://www.in.gov/isdh/regsvcs/ltc/questions/index.htm
16. Report Cards	http://www.in.gov/isdh/regsvcs/ltc/reportcard/index.htm
17. Reporting a Complaint	http://www.in.gov/isdh/regsvcs/ltc/complaints/index.htm
18. Residential Care Facilities Directory	http://www.in.gov/isdh/regsvcs/ltc/resdir/index.htm
19. Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-20	http://www.in.gov/isdh/regsvcs/foodprot/pdf/410_iac_7-20.pdf
20. State Operations Manual	http://www.in.gov/isdh/regsvcs/ltc/somanual/index.htm
21. TB Skin Testing Courses	http://www.in.gov/isdh/programs/tb/tb_train.htm

OTHER HELPFUL WEB SITES

Access Indiana: http://www.in.gov/

AdminaStar Federal: http://www.adminastar.com/anthem/affiliates/adminastar/index.html

Centers for Medicare and Medicaid Services: http://www.cms.hhs.gov/ or http://www.hcfa.gov/

Family and Social Services Administration – Aging: http://www.in.gov/fssa/elderly/

Family and Social Services Administration – Healthcare: http://www.in.gov/fssa/healthcare/

Health Professions Bureau: http://www.in.gov/hpb/

HIPAA: http://www.healthprivacy.org or http://www.hhs.gov/ocr/hipaa

Indiana Medicaid: http://www.indianamedicaid.com/ihcp/index.asp

Indiana Secretary of State: http://www.in.gov/sos/

Indiana State Police: http://www.in.gov/isp/

MDS Web Site: http://www.hcfa.gov/medicaid/mds20/

National Practitioners Data Bank – Healthcare Integrity and Protection Data Bank:
http://www.npdb-hipdb.com

State Forms Online PDF Catalog: http://www.state.in.us/icpr/webfile/formsdiv/index.html

US Government Printing Office: http://www.gpo.gov/

Indiana State Department Of Health
Division of Long Term Care

TELEPHONE GUIDE

Arranged alphabetically by subject

All are Area Code 317

SUBJECT	CONTACT PERSON	EXTENSION
Administrator/DON, Facility Name/Address Changes	Beverly Alise	233-7228
Bed Change Requests (Changing/Adding Licensed Bed/Classifications)	Stephen Upchurch	233-7440
CNA Registry	Automated	233-7612
CNA Investigations	Jody Anderson	233-7002
CNA/QMA Training	David Miller	233-7615
Criminal History	Don Craig	233-7479
Director, Division of Long Term Care	Suzanne Hornstein	233-7289
Enforcement & Remedies	Mary Louise Reynolds	233-7613
Facility Data Inquiries	Sarah Roe	233-7490
FAX, Administration		233-7322
Incidents/Unusual Occurrences	Fax	233-7494
	Voicemail	233-5359
	Other	233-7442
Informal Dispute Resolution	Area Supervisors	See Below
License/Ownership Verification Information	Beverly Alise	233-7228
License Renewal	Beverly Alise	233-7228
Licensed Facility Files (Review/Copies)	Beatrice Jackson	233-7091
Licensure & Certification Applications/Procedures (for New Facilities and Changes of Ownership)	Stephen Upchurch	233-7440
Life Safety Code	Rick Powers	233-7471
MDS/RAI Clinical Help Desk	Kimberly Honeycutt	233-4719
MDS Technical Help Desk	Technical Help Desk Staff	233-7206
Monitor Program	Debbie Beers	233-7067
Plans of Correction (POC), POC Extensions & Addenda	Area Supervisors	See Below
Plans & Specifications Approval (New Construction & Remodeling)	Dennis Ehlers	233-7588
Reporting	Tom Reed	233-7541
Rules & Regulations Questions	Debbie Beers	233-7067
Transfer/Discharge of Residents	Don Craig	233-7479
Unlicensed Homes/Facilities	Jody Anderson	233-7611
Waivers (Rule/Room Size Variance/ Nursing Services Variance)	Stephen Upchurch	233-7440
Web Site Information	Sarah Roe	233-7490

AREA SUPERVISORS

Area 1	Judi Navarro	233-7617
Area 2	Suzie Scott	233-7080
Area 3	Brenda Roush	233-7894
Area 4	Zetra Allen	233-7772
Area 5	Karen Powers	233-7753
Area 6	Pat Nicolaou	233-7441
Life Safety Code	Rick Powers	233-7471
ICF/MR	Chris Greeney	233-7651

Updated 7/2002